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June 30, 2005

## FAX

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Centralized Fax Dept. GAU 3627 Examiner James A. Kramer	571.273.8300	U.S. Patent and Trademark Office Alexandria, VA 22313-1450

Brenda O. Holmes

FROM

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PAGES (WITH COVER)

6559

REFERENCE NO

44471/266545

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## COMMENTS

Applicant: Motol SATO et al.  
Title: Scheme for Presenting Recommended Items Through  
Network Based on Access Log and User Preference  
Serial No./Docket No.: 09/997,502 44471/266545  
Filed: 11/20/2001

## PAPERS SUBMITTED:

1. PTO/SB/21 - Transmittal form;
2. PTO/SB/06 - Patent Application Fee Determination Record (2 forms);
3. Third Response in Application to non-final Office Action of March 30, 2006.

Date: June 30, 2006

By: Brenda O. Holmes, Reg. No. 40,339

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PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/997,502	<b>RECEIVED CENTRAL FAX CENTER JUN 30 2006</b>
	Filing Date	11/20/2001	
	First Named Inventor	Motoi SATO et al.	
	Art Unit	3627	
	Examiner Name	James A. Kramer	
Total Number of Pages in This Submission	Attorney Docket Number	44471/266545	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) PTO/SB/06 Fee Determination Record (2 forms)
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	KILPATRICK STOCKTON LLP		
Signature	<i>Brenda O. Holmes</i>		
Printed name	Brenda O. Holmes		
Date	06.30.2006	Reg. No.	40,339

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO's Centralized Facsimile Number (703) 872.9306 on the date shown below.			
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